MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No Registrar's No. DO NOT WRITE AMENDED FILED AUG I 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE Missouri b. COUNTY VS 300 AMENDED St. Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits TOWN TOWN Bellefontaine Neighbors Yes I No □ St. Louis 68 minutes ارباء c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm HOSPITAL OR DEACONESS HOSPITAL DATE ADDRESS 2400/ Yes 🔂 No 🗌 20 10436 Gardo (Parents Residence) Yes 🔲 No 📮 3. NAME OF DECEASED Middle Last Year (Type or print) SUZANNE DEATH AMEISS July 1963 6. COLOR OR RACE 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 7. Married 🖂 8. DATE OF BIRTH Never Married IX Widowed | Months Days Divorced [] Female White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) InTant FOLLOWS St. Louis, Missouri U. S. A. 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Rhoda Kuehnert Russell Ameiss 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates NO Russell Ameiss 10436 Gardo 9 ARE 18. CAUSE OF DEATH (Enter only one cause a INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) NSTEAD OF 11 Conditions, if any, which gave rise to 757.3 above cause (a). stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART 111, if deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) M N₀ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY 20c. TIME OF Month, Day, Year Hou RIBBON BLACK INK 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK I OR TYPEWRITER READ 21. I attended the deceased from SHOULD 22b. ADDRESS 22a. SIGNATURE 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE

(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.

Our Redeemer, Cemetery

1963|

Beiderwieden F.H.Inc. 1936 St. Louis Ave.

Removal

24. FUNERAL DIRECTOR

ITEM

St. Louis County, Missouri

26. REGISTRAR'S SIGNATUR

Mr. Leel a Rall 35 N. Central Clay ton Me. PA (75439 office Kome Bhone My 1-5958

STATEMENT BY LICENSED EMBALMER

r by	, Student Embalmer No
vorking under my personal supervision.	
rudent	
Signature of Student Embalmer	
	Licensed Embalmer No
on temil W	
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.